



5 COORDINATION/INTEGRATION
5.5 Nutrition Services

Effective: 7/1/97
Revised: 3/1/98

POLICY: The CPA or provider of individual secondary nutrition education services shall assess WIC applicant need for nutrition services and when appropriate, refer them to such services. WIC services should be coordinated with other nutrition services provided by the local agency and within the community. Memoranda of understanding are encouraged in order to delineate responsibilities and to facilitate coordination of care. Activities pertaining to coordination/integration of nutrition education services (e.g., development of MOU with Extension) apply to the requirement for the expenditure of one-sixth of the WIC budget on nutrition education.

PROCEDURE:

A. NEED FOR ADDITIONAL NUTRITION SERVICES

At certifications and/or secondary nutrition education contacts, the need for additional nutrition services (i.e., beyond which WIC is able to provide) should be determined as part of the assessment process. Referrals should be made, based on identified needs.

B. GENERAL NUTRITION EDUCATION

1. General nutrition education is available in most counties through the Wisconsin Extension Nutrition Education Program (formerly two programs: the Extension Food and Nutrition Education Program and the Family Nutrition Education Program). Because the services vary, collaboration to identify services provided, determination of referral procedures, etc. are recommended. For more information, contact the County Extension office.
2. The Medicaid Prenatal Care Coordination (PNCC) program recommends:
 - a) screening pregnant women for dietary practices and knowledge about nutrition and understanding of how these factors affect pregnancy outcome for both the mother and the fetus;
 - b) providing/reinforcing basic information such as prenatal nutrition; promotion and support of breastfeeding; resources for food, food budgeting, preparation, etc.; and referring for water testing or fluoride supplements; and
 - c) coordinating these services with the WIC Program. This offers an opportunity to reinforce information/counseling already received or to provide additional information and counseling.



3. The HealthCheck program requires a nutrition assessment as part of the HealthCheck visit, and nutrition education as part of anticipatory guidance.

C. MEDICAL NUTRITION THERAPY

The following programs may have Registered or Certified Dietitians who provide high risk nutrition services. MOUs or policies with formal referral procedures are recommended. WIC projects may pursue the development of contracts or agreements with providers in situations where a part-time WIC Project RD or CD may provide further nutrition services via these other programs. The goal is to supplement WIC services in order to best meet the needs of client.

1. Prenatal Care Coordination (PNCC). In the Prenatal Care Coordination Guidance Manual: A Manual to Help Providers Administer the Pregnancy Questionnaire, recommendations for nutrition services include:
 - a) referring pregnant women to a therapeutic dietitian for medical nutrition therapy for conditions such as: anemia, current or past history of eating disorders, impaired glucose tolerance/gestational diabetes, and current medical/obstetrical complications (e.g., cancer, cardiopulmonary disease, hyperemesis gravidarum, AIDS);
 - b) referring to a public health nutritionist or dietitian for prepregnancy weight (BMI <20), high prepregnancy weight (BMI >26), inappropriate weight gain, current multiple gestation, breastfeeding another child during current pregnancy, and dietary factors; and
 - c) referring to a public health nutritionist or dietitian for an in-depth nutrition assessment for: 3 or more pregnancies during the past 2 years, 12 months or less between the end of the last pregnancy and conception, less than 3 years post menarche or less than 18 years at last menstrual period, psychological problems, previous obstetrical complications, and hypovolemia.
2. Birth to Three Program
 - a) Nutrition services may be covered (though payment mechanisms need to be established locally) when the need for nutrition services is identified as necessary in order for the child to achieve their developmental outcomes. The service would then be included by the early intervention team in the Individual Family Service Plan (IFSP), the framework for early intervention services. Nutrition services does not include coverage of the cost of food supplements, vitamins, or prescription formulations designed to improve or maintain a child's nutritional status. "Nutrition services" includes:
 - (1) identifying dietary and nutritional needs;



- (2) developing and monitoring appropriate nutritional plans based on assessment results;
 - (3) conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical and clinical variables; feeding skills and feeding problems; and food habits and food preferences;
 - (4) providing nutritional treatment and intervention and counseling parents and caregivers on appropriate nutritional intake, based on assessment results; and
 - (5) making referrals to appropriate community resources to carry out nutritional goals.
- b) A Nutrition and Feeding Risk Identification Tool (NFRIT) was developed for Birth to Three staff and other health professionals to use to determine further referral and intervention needs of children at increased nutrition/feeding risk. (The NFRIT was included in the June 1994 Nutrition Update.)
 - c) Local WIC nutritionists should coordinate with Birth to Three providers in order to stress the importance of the provision of screening and counseling for nutrition and feeding issues that compromise health, develop referral and follow-up procedures, and assure needed nutrition services, including medical nutrition therapy, for these children.
3. HealthCheck. Nutrition services may be covered when medically necessary, i.e., documented at a HealthCheck screen or a physician visit. This includes data obtained by referral from WIC.
 4. Managed Care Organizations (MCOs). The coverage of nutrition services varies by provider. For more information, contact your Regional Office Nutrition Consultant or the MCOs serving participants in your project area.
 5. High Risk Perinatal Centers or Specialty Clinics. These usually have dietitians on staff. Projects should contact them for more information and to establish referral and follow-up procedures.

D. OTHER NUTRITION/HEALTH-RELATED SERVICES/PROGRAMS

1. Water Safety. All of the WIC Questionnaires include a question regarding drinking water source. CPAs should know the water safety concerns in the project area (e.g., nitrates and bacteria in well water, and fluoride, lead, and copper in city and well water) and provide information on flushing the water



system and/or water testing, as needed. (See the Attachment, "Drinking Water Safety: Nitrates, Fluoride, Lead, Copper, Bacteria")

2. Head Start. The Child Questionnaire includes a question on programs the child uses, including Head Start. Local projects should know the locations of the Head Start centers in the project area. Head Start is a federally funded program for children primarily of low-income families who can benefit from a comprehensive developmental program. Head Start consists of four components: education, health, parent involvement, and social services. Head Start children are required to receive a thorough medical and dental examination, health screenings, an immunization assessment, and a nutrition assessment after they enter the program.
 - a) Projects are encouraged to collaborate with Head Start in order to maximize the services of both programs, e.g.:
 - (1) identify referral procedures to/from each program;
 - (2) identify ways to minimize duplication of effort in obtaining height, weight, hematological, and dietary information, and in referring for other health care services;
 - (3) exchange nutrition education approaches; coordinate nutrition education so that Head Start contacts may "count" as WIC secondary nutrition education contacts (see Policy 3.33);
 - (4) share other client information, e.g., immunization records;
 - (5) provide joint staff training opportunities for persons responsible for nutrition education; and
 - (6) exchange information on the training and use of volunteers within each program.
 - b) MOUs are encouraged in order to facilitate the sharing of client information and continuity of care. The Interagency Agreement between WIC and Head Start at the federal level (see the Attachment) provides a number of ideas for collaboration and may be used as a starting point for discussing ways to work together. Note that this agreement does not cover disclosure of client information.



NOTES:

References:

- * DOH: Prenatal Care Coordination: Guidance Manual: A Manual to Help Providers Administer the Pregnancy Questionnaire, Draft 1/96 (POH 1043)

ATTACHMENTS:

- * "Drinking Water Safety: Nitrates, Fluoride, Lead, Copper, Bacteria" (WIC, 6/97)
- * Interagency Agreement Between Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, and Supplemental Food Programs Division, Food and Nutrition Service, United States Department of Agriculture, 1994 (distributed to local WIC projects in the March, 1995 Administrative Update).